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CONFIRMATION NO. 9639

Bib Data Sheet

SERIAL NUMBER 10/810,974	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 162	GROUP ART UNIT 1731	ATTORNEY DOCKET NO. 19,815
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APPLICANTS

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** CONTINUING DATA ***** *Non, M*

** FOREIGN APPLICATIONS ***** *Non, M*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 0	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature <i>M</i>	Initials <i>M</i>				

ADDRESS

23556

TITLE

Textured cellulosic wet wipes

FILING FEE RECEIVED 1752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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